2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print CLEARLY Dennis Hannon	Home Wor k Address:	153 Hubbards	s Road, Litt	leton, NH 0356
Primary Occupation Dentist (Refixed)	E-mail den nisha	innon51 @gmai	Work-Phone (603) 444 1083
	Board of Denta	Examiners	Home.	· · · · · · · · · · · · · · · · · · ·
A. List below the name, address, and type of any profession, busines proprietor, or employee, or served in any other professional or adcalendar year. Sources of retirement benefits other than federal re	visory capacity, and from which etirement and/or disability benef	any income in excess of \$10 its shall be included. (Use a	0,000 was derived duri dditional sheets as nec	ing the preceding
1. North Country Oral Surgery	(closed as of	July 1, 201	9)	
2.	······································			
f you have no qualifying income indicate by writing your initials next to t	the following statement.	My incom	e does not qualify	
B. Indicate below whether you or a family member has a special interepretable special interest in any item on this list if a change in la discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the government of the second o	w, a change in administrative rul nt affecting the listed business, pr general public:	e, a decision whether or not ofession, occupation, group each such profession,	to award a contract, go, or matter would pote	rant a license or permit, entially have a greater
2. Health Care 3. Insurance 4. Real Estate, include agent, developers, a		ces	municipal employ	ampshire, county, or ment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse of gambling	or dog racing, or other legal forms	of 14. Education	15. Water Reso	urces
	usiness Interest and terprise Tax Dividends Ta		cify any other area in winterest	hich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing Penalty. Any person who knowingly fails to comply with the pro-	ng information is true and convisions of this chapter or know	nplete to the best of my k wingly files a false statem	nowledge and believent shall be guilty of	f. RSA 15-A:9 of a misdemeanor.
Date 12 17 19	Nes S	ignature of Reporting Indiv	na	RECEIVED

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

DEC 26 2019

NEW HAMPSHIRE DEPARTMENT OF STATE